

Integrated Statewide Information Systems
ISIS PURCHASING/CFMS ACCESS AUTHORITY

Submit	Close
Clear	Menu

Current Userid Home Agcy #

First Name Last Name Work Telephone User's Email Address

Title Supervisor's Name Agency/Dept. Name Work Mailing Address

Action ☒ New USERID ☐ Change ☐ Add ☐ Delete

Please list the AGPS/CFMS agency numbers for which access is to be granted, and specify for each if maintenance (add, change) access is to be allowed. Wild carding may be used in the agency number by entering all "Xs" following the designated level. For example, "107XXX" gives access to all agencies beginning with "107". ("X" may not be imbedded, i.e. surrounded by other digits. Once an "X" is specified, all following characters must also be X")

AGPS/CFMS Agency #	Maintain (Y/N)	AGPS/CFMS Agency #	Maintain (Y/N)	AGPS/CFMS Agency #	Maintain (Y/N)	AGPS/CFMS Agency #	Maintain (Y/N)
<input type="text"/>	No <input type="button" value="v"/>	<input type="text"/>	No <input type="button" value="v"/>	<input type="text"/>	No <input type="button" value="v"/>	<input type="text"/>	No <input type="button" value="v"/>
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*AGPS/CFMS Agency Number is the 6 digit number identifying a requisitioning unit or purchasing/contract agency.

(To be completed by Agency Security Administrator or representative of Appointing Authority) I verify that the individual whose name appears on this form is currently employed at the agency named above. I also authorize this employee to have the access indicated on this form. I understand that should this person leave the agency or be assigned to another duty station that I am to contact the Division of Administration SIS security administrator within one working day of the employee's change in status.

Agency Security Administrator <input type="text"/>	SA Phone <input type="text"/>	SA Email <input type="text"/>	SA/Liaison Comments <input type="text"/>
Agency Liaison <input type="text"/>	Liaison Phone <input type="text"/>	Liaison Email <input type="text"/>	